



AP128544

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/895,622
		Filing Date	June 29, 2001
		First Named Inventor	Tomoya Kanayama
		Art Unit	2854
		Examiner Name	Hinze, Leo T.
Total Number of Pages in This Submission	11	Attorney Docket Number	96790P369

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### ENCLOSURES (check all that apply)

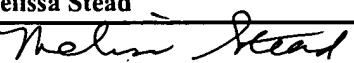
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)         </div> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application           <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA           </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53           </div> </div>	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 100px;">           EP Search Report; Prior Art References (3); return postcard         </div>	
				<input type="checkbox"/> Remarks

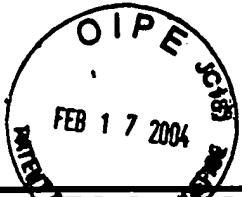
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	2/11/04

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Melissa Stead
Signature	
Date	2/11/04



**FEE TRANSMITTAL  
for FY 2004**

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

<i>Complete if Known</i>	
Application Number	09/895,622
Filing Date	June 29, 2001
First Named Inventor	Tomoya Kanayama
Examiner Name	Hinze, Leo T.
Art Unit	2854
Attorney Docket No.	96790n369

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(continued)

**METHOD OF PAYMENT** *(check all that apply)*

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit  
Account  
Number  
02-2666

Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to: (check all that apply)**

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## **FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	FeePaid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## 2 EXTRA CLAIM FEES

Total Claims		Claims	below	Rebated
Independent Claims		$20^*$	$\times$	
		$\cdot$	$4$	$=$
Multiple Dependent			$\times$	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

For number previously paid, if a meter. For Reissues, see below.

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** **180.00**

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**SUBMITTED BY**

**Complete (if applicable)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone
Signature			Date	2/1/09

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 02/10/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450